L1900 202 290

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PIÇK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
	- 18 t	

Office Use Only



400332489864

07/31/19--01019--006 **130.00

6

D O'KEEFE AUG 1 4 2019

COVER LETTER

Division of Corporations	
SUBJECT: Alternative Edge Name of Limited Lia	<u> </u>
Name of thinked Ga	unity company
The enclosed Articles of Organization and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to the	ne following:
Charles K. Mone	u. TR
	of Person
1/^	
- N/A	
· Firm/	Company
5344 Don Mar	Street
Ac	idress
Apopka, FLorid	a 32703
E-mail address: to be used for future	alol.com
For further information concerning this matter, please call:	e aiman report notification;
Chuck Money at (386) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sigma \sum \text{\$130.00 Filing Fee & Certificate of Status} \sum \text{\$Cert}	5.00 Filing Fee & S160.00 Filing Fee, tified Copy conal copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Alternative Edge Lo (Must contain the words "Limited Liabil	wn Services, LLC.
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	Mailing Address:
	5344 Don mar St.
<u> </u>	Apopka, FL 32703

The name and the Florida street address of the registered agent are:

Charles K. Money, JR.
5344 Don Mar St.

Florida street address (P.O. Box NOT acceptable)

Apopka, FL 32703

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 JUL 31 PH 4: 67

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized M "MGR" = Manager	0) 1 11 100 50
Ambr	Charles K. Money, JR. 5344 Don Mar St. Apopka, FL 32703
	
(Use attachment if necess	y)
If an effective date is listed, the de he date of filing.)	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days after ck does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
ARTICLE VI: Other provisions, if	y.
REQUIRED SIGNATU	P:
	Chales K. Mong h.
This doct I am awai	iture of a member or an authorized representative of a member, itent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.
	CharLES K. Money JR. Typed or printed name of signee
	Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)